

Adaptation Reporting Templates and MRV Guidance Training

Training Workshop Report



Initiative for Climate Action Transparency - ICAT

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PREPARED UNDER

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1. Introduction & background

The Government of Eswatini (GoE) through the Ministry of Tourism & Environmental Affairs (MTEA) received support from the United Nations Office for Project Services (UNOPS) and the Initiative for Climate



Action Transparency (ICAT) to support the implementation and advancement of the Enhanced Transparency Framework (ETF) agreements in the country. This follows the successful implementation of Phase I of the project wherein, among others, the health and water sectors, as well as the bioenergy sector were identified for follow-up activities in a Phase-II ICAT project. The Eswatini ICAT phase-II project seeks to advance and deliver set priorities from the first phase by focusing on building capacities of technicians in the MTEA, line departments and national experts and institutions, as well as other stakeholders, to develop a robust Monitoring, Reporting, and Verification (MRV) framework for the health and water sectors. The work will assist in developing a framework for preparing Eswatini's Biannual Transparency Reports (BTR) Furthermore, the project aims to assist with the setting up of a Bioenergy Task Force (BTF) to develop a Draft Bioenergy Policy which shall provide clear direction to Eswatini's biomass energy sector and create an enabling environment to enhance biomass renewable energy development and investment in this sector.

The specific objectives of the ICAT Phase II project are to:

1. Develop a MRV framework (including data collection templates, guidance documents, roles and responsibilities, for tracking adaptation actions in the health and water sectors which can provide information necessary to compile the Adaptation section of the biennial transparency report;
2. Build capacity within Eswatini to conduct policy impact assessments (particularly Sustainable Development impacts) and understand the adaptation reporting requirements for the Biennial Transparency Report;
3. Assist with designing a draft national Bioenergy Policy, through the establishment of a Bioenergy Task Force, which will provide an enabling environment for enhancing the renewable biomass electricity contribution in the country and reduce energy sector emissions;
4. Support the implementation of Eswatini's NDC.

Specifically for the health sector, the project aims to develop a robust MRV implementation framework (including data collection templates, guidance documents, roles and responsibilities, for tracking adaptation actions in the health sector which can provide information necessary to compile the adaptation section of the Biennial Transparency Report (BTR). To date, the Consultants, in consultation with the health stakeholders, have drafted an MRV implementation framework, data collection templates and drafted an MRV Guidance document which aim to guide data collection and propose institutional arrangements for tracking adaptation in the health sector.

1.1 Objectives of the training workshop

The goal of the workshop was to train key personnel in the health sector who will be responsible for collecting and reporting the required data to be used for adaptation reporting to the UNFCCC; as well as MTEA stakeholders, on the proposed MRV framework and reporting template. The specific objectives of the workshop were to:

- Present the final MRV implementation framework to health stakeholders;
- Present the data collection tools;
- Train the health stakeholders on how to use the reporting templates using the MRV Guidance document.
- Validation of health stakeholders as they were unable to attend the 29th November validation workshop due to other national engagements.



2. Workshop proceedings

The half-day workshop was held at the Hilton Hotel, Mbabane on the 4th December 2024. There were 30 participants (11 males and 19 females), who included stakeholders from the Ministry of Health (MOH), the National Disaster Management Agency (NDMA). In addition to these, were two consultants from the Centre for Sustainable Energy Research (CSER) at the University of Eswatini (UNESWA), and members from the MTEA. **Figure 1** shows a group photo of the participants at the workshop. The workshop agenda attendance is provided in Annex 1 while the attendance register is presented in Annex 2. The programme Director, Ms Zethu Dlamini opened the meeting with a Word of Prayer and welcomed the participants into the workshop, briefly outlining the purpose of the workshop. She then gave the participant an opportunity to introduce themselves. It was noted that the majority of the health stakeholder would join the workshop late as the Ministry of Health had multiple engagements on the day.



Figure 1: Group photograph of the workshop participants

2.1 Welcome Remarks

Dr Gcina Mavimbela, Coordinator CSER, University of Eswatini (**Figure 2**) welcomed the participants to the workshop and appreciated the health stakeholder for the commitment they have shown to the project. He apologised on behalf of the Director Meteorology who would join the meeting later, being engaged in other business of the MTEA. Dr Mavimbela remarked that the climate is changing and that as human beings, we have to live with the changes, that is, adapt to climate change. He further remarked the country has made both adaptation and mitigation commitments to the UNFCCC and that the project aims to track implementation of the country's commitments, communicated through the NDCs. He emphasised the importance of collecting data and reporting to the UNFCCC as this could help unlock climate finance for

the health sector.



Figure 2: Dr Mavimbela making his remarks

2.2 Remarks by Director of Health Services

Ms. Samukelisiwe Shabangu (**Figure 3**) represented the Director of Health Services who could not be in attendance due to other national commitments. Ms Shabangu observed all protocol and appreciated opportunities like these where different sectors can come together to build bridges and foster collaboration towards improvement in public health. She then read the Director’s speech wherein the Director noted that climate change is not only an environmental issue but is also a public health challenge. She remarked that the increase in frequency of extreme weather events, including a rise in temperatures results in a shift in disease patterns which directly impacts the country’s health systems and vulnerable populations. She noted that it was the responsibility of the Ministry to protect vulnerable populations by ensuring that health systems are adaptive and resilient to the impacts of climate change.

The Director further remarked that the MRV Framework is not just a technical tool but is a vital component of the National Health Strategic Plan 2024/2028, and that by adopting the framework, the Ministry of Health is ensuring that its actions will be guided by data, transparency and accountability. She assured the meeting that the Ministry is determined to institutionalize the MRV Framework to foster long-term sustainability and guarantee that Eswatini remains at the fore- front of climate adaptation efforts, setting an example for other nations in the region. Lastly, the Director reiterated the Ministry’s unwavering commitment to integrating climate change adaptation into the health sector strategies.



Figure 3: Ms S. Shabangu making remarks on behalf of the Director of Health Services

2.3 Presentation of the MRV implementation framework and MRV guidance documents

Dr Thabile Ndlovu (**Figure 4**) presented the developed MRV implementation framework and MRV Guidance document. The presentation can be found in Annex 3. In her presentation, Dr Ndlovu gave a brief on climate change and how it is exacerbated by human activities. She further presented the link between climate change and human health. Dr Ndlovu presented on the Paris Agreement and the reporting obligations under the Paris Agreement, the reporting instruments, what needed to be reported and then delved into the developed MRV framework for the health sector. She highlighted the components of the MRV which included governance, expertise, data flows and available systems and tools for data collection. Within the Health sector, it was noted that there needs to be data sharing agreements between MTEA and MOH to ensure that data flows to enable climate change reporting is implemented. The proposed Institutional arrangements for data flow were presenting and some detail into the roles and responsibilities within each tier of the data flow arrangements was discussed. Dr Ndlovu further noted that there will be need for establishing a climate change task team and its terms of reference which would act as a verification structure for the data being transmitted to MTEA.



Figure 4: Dr Ndlovu presenting the health sector MRV framework

During the Q&A, one participant remarked that the framework needs to propose the signing off of data by the Director Health Services before it is transmitted to MTEA. The concern was that if it is not categorically stated or a tool provided for signing off, it might fall between the cracks. The comment was noted for inclusion in the recommendations.

2.4 Presentation of the Reporting templates and training

Dr Gugu Sibandze (**Figure 5**) presented the reporting templates. These are attached in Annex 3. She took the participants through each of the sheets in the reporting templates, explaining what each one was for. She noted that some sheets were for information, whilst others are for capturing data. On the data capture templates, she discussed what kind of data was required and how it would fit into the reporting as well as its alignment to the NDCs. Thereafter, the participants were assigned responsibilities in the reporting templates. A drive link to the reporting templates had been sent to the participants prior and they were requested to fill them. **Figure 6** shows a snapshot of the template which the participants filled online, while **Figure 7** shows the participants hard at work.



Figure 5: Dr Sibandze making her presentation on the reporting templates.

Figure 6: Reporting templates being filled online by participants



Figure 7: Participants working on capturing data on the templates

Upon trialling the filling of the data reporting templates, Dr Sibandze went through the templates with the participants to ensure that they had been properly filled. Clarification and correction was done where the participants had misunderstood what to capture. There was a suggestion to disaggregate suicides into suicidal thoughts, attempted suicides and completed suicides. Further, the participants noted that the disaggregation of climate induced diseases data into regions may not always show the actual locations where the incidence happens as patients tend to choose health facilities according to preference and may not always present in facilities closer to where they reside. It was suggested that such a disclaimer be included in the notes of the reporting templates.

2.5 Presentation on lessons learnt



Dr Sibandze further presented on the lessons learnt during the implementation of the project. In her presentation, she thanked the health stakeholder for contributing towards the creation of the outputs of the project. The key lessons learnt elaborated in the presentation include:

- The importance of stakeholder engagement in the successful implementation and final ownership of the project outputs.
- Continuous awareness raising among stakeholders is important to build capacity on climate change in the health sector.
- It is important to build on existing structures when developing the MRV framework and also let the stakeholder guide the process as they know their sector better.
- There is a heightened interest about the impacts of climate change on health
- That building relationships and keeping contacts especially of key stakeholders is very important; and
- That flexibility is important in scheduling consultations when key stakeholders are available.

2.6 Closing Remarks

The Director of Meteorology (MET), Ms Duduzile Nhlengetfwa-Masina (**Figure 8**) thanked the participants for attending the workshop. She emphasised the importance of the health sector in the climate change conversation and the importance of reducing the costs of delivering health services in the country by using climate smart energy sources in the health infrastructure as well as using climate smart waste management practices in the incinerators. She mentioned that her department had been tasked by the Government to coordinate climate-change activities in the country but that it was a collective responsibility of all affected sectors. She said that in an effort to ensure everyone plays their part, there was a proposal to establish multidisciplinary teams for climate change adaptation and mitigation. She requested cooperation from the health sector as these teams are established. She also challenged the health stakeholder to take initiative in writing proposals that can attract climate finance for the sector.



Figure 8: Ms Duduzile Nhlengetfwa-Masina, Director Meteorology, making her remarks

Annex 1: Training Workshop Agenda

Agenda for the Workshop

Programme Facilitator: Ms Zethu Dlamini

Time	Activity	Responsibility
08:30 – 09:00	Arrival and registration	All Participants
09:00 – 09:10	Programme Facilitator remarks and introductions	Programme Facilitator All Participants
09:10 – 09:25	Welcome remarks	CSER
09:25 – 09:40	MOH Remarks	Director of Health Services
09:40 – 10:30	Presentation of the MRV implementation framework and Guidance Document Training on the Reporting templates	CSER team
10:30 – 11:00	Tea Break	All Participants
11:00 – 12:00	Presentation of the reporting templates and training	CSER team
12:00 – 12:40	Discussions	All Participants
12:40 – 12:50	Lessons learnt	CSER team
12:50 – 13:00	Closing Remarks	Director Meteorology, MTEA
13:00 – 14:00	Lunch Break and Departure	All Participants



Annex 2: Presentations

[Training workshop - 4 Dec 2024 a.pdf](#)

[Reporting templates_ 4 Dec 2024.pptx](#)

[Training workshop - lessons learnt health 4 December 2024.pdf](#)

